

AMENDED (2)

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>6356</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>Donald</u> <u>R.</u> <u>Kaczka</u>  P O Box, Bldg Room No if any <u>                    </u>  Street <u>3100 Liberty Way</u>  City <u>McKeesport</u>  State <u>Pennsylvania</u> ZIP Code + 4 <u>15133</u>	4 Name file number and address of labor organization Name <u>I B E W Local Union 1919</u>  Labor Organization File Number <u>035-659</u>  P O Box, Building and Room Number if any <u>                    </u>  Street <u>986 Greentree Road</u>  City <u>Pittsburgh</u>  State <u>Pennsylvania</u> ZIP Code + 4 <u>15220</u>
5 Position in labor organization <u>President Business Manager Trustee</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any) Name <u>I B E W Local 1919 Health &amp; Welfare Fund</u>  Trade Name if any <u>                    </u>  P O Box Bldg Room No if any <u>                    </u>  Street <u>27 Roland Ave Suite 200</u>  City <u>Mount Laurel</u>  State <u>New Jersey</u> ZIP Code + 4 <u>08054</u>	7 a Nature of Interest, Transaction or Income <u>Trustee s educational conference in Orlando Florida The conference was sponsored by the "International Foundation of Employee Benefits Funds" Expenses were for hotel rooms meals per diem advance(sell) and misc expenses for self and other Fund Trustees</u>  7 b Amount. <u>\$5 064</u>

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)

Signed

Donald R Kaczka

On

8/24/2005

Date

412-921-5757

Telephone Number

Name of Person Filing <b>Donald Kaczka</b>		File Number <b>U-</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8. Name and address of Business (including trade name if any).</b> Name <input style="width: 80%;" type="text" value="Delta Dental"/> Trade Name if any: <input style="width: 80%;" type="text"/> P O Box Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="One Delta Drive"/> City <input style="width: 80%;" type="text" value="Mechanichsburg"/> State <input style="width: 20%;" type="text" value="Pennsylvania"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="17055-6999"/>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c. is checked give trust or employer's name</b> Name <input style="width: 80%;" type="text" value="IBEW Local 1919 Health &amp; Welfare Fund"/> Trade Name if any: <input style="width: 80%;" type="text"/> P O Box, Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="27 Roland Ave Suite 200"/> City <input style="width: 80%;" type="text" value="Mount Laurel"/> State <input style="width: 20%;" type="text" value="New Jersey"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="08054"/>	<b>11 a Nature of such dealing</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         Attended a Pittsburgh Pirates Baseball game with a marketing rep       </div> <b>11 b Approximate dollar value of such dealing</b> <input style="width: 100px;" type="text" value="\$135"/> <b>12 a Nature of interest held or income received</b> <div style="border: 1px solid black; height: 100px;"></div> <b>12 b Amount.</b> <input style="width: 100px;" type="text"/>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).</b> Name <input style="width: 80%;" type="text"/> Trade Name if any: <input style="width: 80%;" type="text"/> P O Box, Bldg Room No if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>14 a Nature of payment</b> <div style="border: 1px solid black; height: 150px;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment.</b> <input style="width: 100px;" type="text"/>

Name of Person Filing Donald Kaczka

File Number U-

## Part A Continuation Page

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6 Name and address of Employer (including trade name if any)

Name I B E W Local 1919 Annuity Fund

Trade Name if any

P O Box, Bldg Room No if any

Street 27 Roland Ave Suite 200

City Mount Laurel

State New Jersey

ZIP Code + 4 08054

## 7.a Nature of Interest, Transaction or Income

Trustee's educational conference in Orlando Florida The conference was sponsored by the "International Foundation of Employee Benefits Funds" Expenses were for hotel rooms meals per diem advance (self) and misc expenses for self and other Fund Trustees

## 7 b Amount.

\$739

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

## 6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

## 7 a Nature of Interest, Transaction or Income

## 7 b Amount.

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

## 6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

## 7 a Nature of Interest Transaction or Income

## 7.b Amount.